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Commentary

Protecting the health and safety of female sex workers: the responsibility of all

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Research and criminality on the sex industry is often generalised to that of the visible street based market. With wider reference to the indoor sex markets and drawing on key conclusions from Jeal and Salisbury (page 875), this commentary explores the current criminal justice framework that is driving sex work policy and the management of prostitution in the UK. The consequences of a punitive approach in relation to a complex and multi-layered sex industry are assessed in relation to the role of health care workers.

Keywords Coordinated Prostitution Strategy, criminal justice, prostitution, sex work, violence.

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Women who work in commercial sex are never far from the media headlines: police crackdowns, celebrities found in compromising engagements with escorts, or outcries of 'white slavery' as concerns around 'trafficking' grab the attention of policy makers. More recently, the murder of five young women who worked on the streets in Ipswich between 2 and 12 December 2006 highlighted the dangers that some sex workers face and the lack of regulation around the sex industry in the UK. These horrific incidents are a window to the reality of the dangers faced by many women who work on the streets in the UK and other countries where there are no facilities or adequate system to keep women safe. But amidst salacious reporting and gritty documentaries, the differences in what is known as the 'sex industry' are rarely explored or integrated into policy decision making. Jeal and Salisbury in this issue of the journal make a worthy contribution to the literature differentiating the sex markets with a research study of women who work as sex workers in massage parlours. This is a welcomed addition to the nucleus of research that is moving away from concentrating on the street markets. The results of an interviewer-administered questionnaire with parlour sex workers are compared with a previous study with street sex workers. Jeal and Salisbury conclude that the health needs of street sex workers and parlour sex workers are very different as are the experiences of risk taking and exposure to health-related risks. Aside from the recommendations for specific healthcare service provision for these two groups of sex workers, their conclusions say much more about the significant differences in the types of sex markets in the UK and the dynamics of commercial sex.

The state of the sex markets have become polarised in recent years as the nature of the street market has changed in relation to drug use, 'survival sex', and heavy policing for soliciting, loitering and civil disorder offences.[1] The normalisation of violence on the streets is well documented[2] as sexual and physical assault, robbery, and other forms of hate crimes are everyday realities for women who work on the streets.[3] Perpetrators of violence are not only those men who pretend to be customers, or those men who break the commercial contract by not paying the agreed price, but also members of the community who direct their discontents to individual women through aggressive confrontation and sometimes collective vigilantism.[4] The working environment of the street has become increasingly hostile for sex workers as the police are encouraged to actively enforce the laws against sex

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workers as street prostitution becomes unacceptable, framed as problematic and uncivil.[5]

Diversity in sex markets

Despite the hostile street markets, diversity in sex work and the complexity of the context of sex markets are often missed out of policy discussions and solutions. The indoor markets take many forms: licensed massage parlours, illegal brothels, women who work within the law from home or a rented apartment, in addition to escort agencies and women who work independently from websites and newspaper advertisements. The women who work in the indoor markets are usually not from socially excluded backgrounds, and it is common for parlour workers to have been involved in mainstream work and education and sometimes professional backgrounds. The more stable nature of the indoor markets is evident in the results of the questionnaire: Jeal and Salisbury report that parlour workers are less likely to report chronic and acute illnesses and are more likely to be registered with a GP compared with a previous cohort of street sex workers. Evidence suggests that the parlour workers are a relatively stable group of women who are not necessarily marginalised or excluded from society. Limited levels of drug use have been reported consistently among women who work indoors, as the links between sex markets and drug markets are more explicitly with the street environment.[6] Such stability and local connections enable sex workers to be hooked into mainstream services and access general health services which do not have the stigma attached to them in the same way that sex work projects may.

It is well documented that women who work in the indoor markets are considerably safer and less exposed to risks of violence compared with women in street sex markets.[7] There is clear evidence of women managing their own businesses and having control over their working environments and sex work activities.[8] However, the parlour markets remain unregulated, and therefore, women continue to be exposed to a range of different types of working environments and can be at risk of robbery (and related violence), exploitative management, and unsafe and undesirable working conditions. Where there is no regulation of indoor markets, a lack of accountability exists, and those who manage parlours have no incentive to run a safe and respectful working environment that values its workers. Parlour owners do already work in partnership with health practitioners and show a real desire to become legitimate businesses where their practices can be scrutinised, regulated, and integrated into wider health and safety policy. Yet there is no framework for this good practice to be promoted or built on to protect sex workers and concentrate criminal investigation on those who are exploitative.

Criminal justice, health care and vulnerability

The criminal justice system has become the key agency for the state control of the sex markets in the UK. Phoenix[9] reviews the 'quiet revolution' in prostitution policy since the 1990s and concludes that the policy reforms are 'at the heart contradictory and oscillate between the twin poles of the desire to care and the call for punitive control'. The policy reforms for the adult sex industry began with the Home Office consultation paper *Paying the Price* in 2004. This was criticised for its poor evidence base resulting in a lack of complexity and misinformation in the document.[10] The consultation document lacked any acknowledgement of the historical legacy and legal framework in which prostitution in the UK exists, lumping together some very different social and legal contexts.[11] *Paying the Price* displayed a poor understanding of sexual health risks, linked health promotion to policing strategies, and did not prioritise sex workers safety but rather the needs of the community.[12]

After the consultation, the *Coordinated Prostitution Strategy* was published by the Home Office in 2006 as the template for the management of prostitution by all local authorities and police forces. The strategy focuses largely on criminalising prostitution stating the following: 'Street prostitution is not an activity that we can tolerate in our towns and cities. Nor can we tolerate any form of commercial sexual exploitation, whether it takes place on the street, behind the doors of a massage parlour or in a private residence'.[13] With the central objectives of reducing sexual exploitation, improving the safety and quality of life for communities affected by prostitution, as well as 'tackling demand', the health, safety, and wellbeing of sex workers have not been prioritised.

Despite an outright rejection of any system that legalises, licenses, or formally regulates brothels or parlours,[14] there are still plans to adjust the law so that 'two (or three) individuals may work together'.[13] This is because, as the law stands, it is illegal for more than one woman to work from any establishment that contravenes safety advice. However, there is still no acknowledgement from central government that there are good parlour managers and that some sex work is voluntary. Even if the law is changed in this regard, employment rights for sex workers are far off the policy agenda. The reality for street sex workers is less optimistic. The abolition position from which the policy reforms started means that criminal justice agencies are at the forefront of the control of street prostitution. Women are pressurised out of the street markets by a range of compulsory rehabilitation measures including arrest referral programmes with mandatory drug testing and compliance agreements to work with outreach projects on 'exiting' plans; compulsory attendance at drug intervention programmes; and civil and criminal orders such as curfews, exclusion orders, and antisocial

behaviour orders. Where breaches occur, women are increasingly sent to prison, with major implications for their reintegration into the community, family relationships, psychological stability, and health care.[15]

Delivering health care beyond morality

Healthcare practitioners are at the forefront of delivering safety and justice for sex workers across the sex industry. A resolution passed in 2005 by the Royal College of Nursing to decriminalise prostitution was considered by the Congress a positive step to protect the physical and mental health of sex workers.[16] Harm minimisation and direct support are delivered to sex workers by healthcare practitioners in many different settings and often through effective partnerships with other social care professionals and organisations.[17] Healthcare provision can often be blighted by repressive moral attitudes and partiality that either blames women for their own situation or treats them all as victims without decision-making capacity.[18] Sex workers in certain markets often have more acute primary care, sexual, reproductive, and mental health needs as a direct consequence of their marginalisation, social exclusion, and criminalisation. Increasingly, practitioners in outreach projects express grave concerns for the disenfranchisement of vulnerable women as a result of heavy policing on the street and, more recently, immigration and police 'trafficking' operations.[19] As policy takes a hard-nosed criminalisation route, relationships with sex workers and sex work venues come under strain, specialist projects are squeezed for funding, and holistic services are not prioritised as compulsory treatment becomes linked to funding opportunities.

Policy has a duty to protect sex workers like all other citizens and dispel the 'discourse of disposability' that leaves sex workers vulnerable to stigma, violence, and death. While policy continues to conflate sex work with wider structural problems such as teenage pregnancy, drug use, trafficking, slavery, and child abuse and fails to make adequate service provision for sex workers, their health and safety will be deprioritised in favour of a system that encourages blame, marginalisation, and violence.[12] Other systems, such as that in New Zealand, that have decriminalised sex work made such decisions based on a duty to protect sex workers rather than privilege sexual morality.

Conflict of interest

T.S. is an associate member of the UK Network of Sex Work Projects and the Chair of Genesis Leeds. ■

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